

Aim Hearing & Audiology Services
529 College Rd. Suite B
Greensboro, NC 27410
336-294-9617

PATIENT INFORMATION

PATIENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WK PHONE _____ CELL _____

EMAIL ADDRESS (PERSONAL OR FAMILY MEMBER) _____

DATE OF BIRTH _____ LAST FOUR DIGITS OF SSN# _____

MARITAL STATUS _____ SPOUSE'S NAME _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

OCCUPATION (PAST OR PRESENT) _____

EMPLOYER _____

NAME OF RELATIVE/FRIEND WITH YOU TODAY _____

I FOUND OUT ABOUT **AIM HEARING & AUDIOLOGY** FROM? FRIEND, YELLOW PAGES, PHYSICIAN REFERRAL, MAIL, INTERNET,
NEWSPAPER: VITAL MAGAZINE, NORTHWEST OBSERVER, GSO NEWS & RECORD, FACEBOOK, TWITTER, OTHER:

PRIMARY REASON FOR TODAY'S VISIT: _____

PRIMARY CARE PHYSICIAN _____

ADDRESS/LOCATION _____

WOULD YOU LIKE TO RECEIVE NEWS AND INFORMATION FROM OUR OFFICE? YES / NO

INSURANCE INFORMATION:

INSURED'S NAME _____

PATIENT'S RELATION TO INSURED _____ INSURED DOB _____

POLICY # _____ GROUP # _____

INSURED EMPLOYER _____

HEARING DIFFICULTY QUESTIONNAIRE

Indicate your ability to hear (Hearing Quality) in the following listening situations and rate the importance of that listening situation to you. Circle the appropriate number in columns two and three.

LISTENING SITUATION	HEARING QUALITY					IMPORTANCE TO YOU		
	POOR		NORMAL			NOT	SOMEWHAT	VERY
QUIET (one on one conversation)	1	2	3	4	5	1	2	3
TELEVISION	1	2	3	4	5	1	2	3
RESTAURANTS	1	2	3	4	5	1	2	3
CHURCH	1	2	3	4	5	1	2	3
MEETING/GROUPS	1	2	3	4	5	1	2	3
WORK PLACE	1	2	3	4	5	1	2	3
TELEPHONE	1	2	3	4	5	1	2	3
CAR	1	2	3	4	5	1	2	3
MALE VOICE	1	2	3	4	5	1	2	3
FEMALE VOICE	1	2	3	4	5	1	2	3
CHILD'S VOICE	1	2	3	4	5	1	2	3
OTHER (please explain below)	1	2	3	4	5	1	2	3

- What is your experience with hearing aids? (check all that apply)
 - () I have never used hearing aids or visited a hearing healthcare professional
 - () I have tried a hearing

- If you wear hearing aids:

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

 If yes, circle: left only right only both ears
 What year did you buy your hearing aids? _____
 Approximately how many hours a day do you wear them? _____
 Do you have any problems with your hearing aids?
 If yes, explain: _____

ASSESSMENT OF PRIORITIES RELATING TO HEARING CORRECTION

- Please rank the following in terms of their importance in a hearing aid.
 (1 through 5, with 1 being the most important)
- () OVERALL SOUND QUALITY () STYLE/APPEARANCE () COST () RELIABILITY

On a scale of 1-10, how motivated are you regarding a desire to do something about your hearing loss? (Please circle one)

1	2	3	4	5	6	7	8	9	10
Not			somewhat				very		extremely
Motivated			motivated		motivated		motivated		motivated

Are there any other concerns that you wish to address?

*Thank You for helping us help you hear better!
 Please return this form to the front desk.*

AUTHORIZATION TO USE AND DISCLOSURE OF HEALTH INFORMATION

I request and authorize Aim Hearing & Audiology Services to disclose my protected health information as described below. I understand that if the person/organization authorized to receive and use the information is not a health plan or health care provider, the disclosed information may no longer be protected by federal privacy regulations.

- I consent to Aim Hearing & Audiology Services releasing protected health as detailed below.

My protected health information may be used or disclosed to the following (ex: spouse, child, physicians name, etc.):

For the purpose of (ex: hearing exams, hearing records, etc.):

- I prohibit Aim Hearing & Audiology Services from using and disclosing medical information to any person or entity other than required by HIPAA regulations.

Signature of patient or personal representative

Date